

**LEVEL I/LEVEL II SERVICE COORDINATION ASSESSMENT**

**Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

Instructions: Respond to each item. Responses should be supported by information contained in the person's record or file. If any item is scored "Yes", Level I Service Coordination is indicated. If none of the items are scored "Yes", then Level II Service Coordination is indicated.

ITEM	Yes	No
1. This person's DDSN eligibility being determined? (If this person's eligibility determination process has been ongoing for more than 6 months, this question may be answered "no").		
2. This person has identified needs that will require the active and ongoing interventions of a Service Coordinator or Early Interventionist to address. Such interventions may be required due to the person's need for intensive treatment or services, parent/caregiver with limited skills or with a disability who is unable to provide adequate care/supervision of services and needs, the person's undiagnosed condition requiring further evaluation, the person's current or recent involvement in a volatile or possibly abusive, neglectful, or dangerous situation, etc.		
3. This person is in a critical situation (i.e., his/her name is on DDSN critical waiting list).		
4. This person is currently enrolled in the MR/RD, HASCI, PDD, or Community Supports Waiver.		
5. This person lives in an alternative placement or a DDSN supported placement other than an ICF/MR.		
6. This person is being concurrently served by DJJ.		
7. This person has medical (including genetic) conditions that require consistent, coordinated care by general or specialty physicians, therapists, and other allied health professionals and needs the active and ongoing interventions of a Service Coordinator regarding those services.		
8. This person is currently experiencing health risk indicators such as uncontrolled high blood pressure or unmanaged diabetes and their primary care physician is <u>not</u> managing this care.		
9. This person/guardian has expressed health or safety concerns that neither they nor others have been able to resolve, that they appear not to have recognized or are not addressing or refusing to address.		
10. This person is engaging in behaviors with serious health, safety, or legal consequences.		
11. This person is a threat to the health and safety of others.		
12. This person is experiencing circumstances that are a threat to his/her current living situation (such as behavioral issues or lack of supervision), or that threaten the continuation of care in the near future by the primary caregiver (such as health or aging issues)?		

\_\_\_\_\_  
Service Coordinator/ Early Interventionist

\_\_\_\_\_  
Date